

HAWAII STATE ETHICS COMMISSION

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STATE OF HAWAU STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

		Title Clearsy)	
PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
Hudgins	Christopher	Banks	202-303-3126
	CMISTOPHE	D&11=3	
MAILING ADDRESS (Street)			FAX
	~ /		
1154 15th	St, NW		202-463-9456
(City)	(State)	(Zip (Code)
	7	-	
Washington	DC	20005	
EMPLOYING ORGANIZATION (FI	III in only if you are employed by a business e	entity which has been retained to lobby)	TELEPHONE
	•		
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip (Code)
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PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBE	BY FOR (Do not abbreviate)	TELEPHONE
National Prosta	202-463-9455	
MAILING ADDRESS (Street)		FAX
1154 15th St, 1	202-463-9456	
(City)	(State)	(Zip Code)
Washington	DC 2	20005
NAME OF PERSON RESPONSIBLE FOR P	PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE
Chris Hudgin	S	202-303-3126
MAILING ADDRESS (Street)		FAX
1154 15 TH St,	NW	202-463-9456
(City)	(State)	(Zip Code)
Washington	DC	20005

PART	III DESCRIPTION C	<u>OF SUBJECTS UPON WHIC</u>	H YOU EX	XPECT TO LOBBY	
	Agriculture	Education		luman Services	Science, Technology & Economic Development
	Communications & Public Utilities	Government Operations & Finance		ntergovernmental Relations, nternational Affairs	Tourism & Recreation
	Consumer Protection & Commerce	Hawaiian Affairs	La	abor & Employment	Transportation
	Culture, Arts, Historic Preservation	Health		lanning, Land & Water se Management	Other: (indicate below)
	Ecology, Energy Environmental Protection	Housing	Pt	ublic Safety & Corrections	
PART	IV CERTIFICATION	OF LOBBYIST			
1 h	nereby certify that the i	nformation furnished above i	is, to the b	est of my knowledge,	correct and complete.
				•	·
l 	<u> </u>	(Signature of Lobbyist)			Date)
L	······································	(Signature of Lobbyist)			Dale)
PART	V AUTHORIZATION	N TO LOBBY			
PART NAME	V AUTHORIZATION	N TO LOBBY	TITLE OF	F AUTHORIZING OFFICER	R OR PERSON REPRESENTED
NAME	_				
NAME	_				
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NAME O	cip Locku of ORGANIZATION (if appl	wood Chie	f Op	perating Offi	CET LEPHONE 32-463-9455
NAME ON AME OF MAILING	cip Locku of Organization (if appl tional Pros gaddress (Street)	wood Chie licable) state Cancer (f Op	perating Offi TEI Tion Zo	CET LEPHONE 32-463-9455
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